

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

Full Name (Last, First, Middle):		Date of Application:	
Present Address:	Apt. Number:	City, State & Zip:	
Permanent Address:	Apt. Number:	City, State & Zip:	
Cell Phone:	Home/Other Phone:	Email Address:	
In case of an emergency notify:	Emergency Phone	Emergency Address:	Relationship:
List any other names or social security numbers that you have used in the past:		Social Security Number:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by Fadi's?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance and license #:	
Are you fluent in any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list _____			

POSITION

Check position applying for:				
<input type="checkbox"/> Cashier	<input type="checkbox"/> Host/Hostess	<input type="checkbox"/> Buffet Line Server	<input type="checkbox"/> Floor Server/Runner	<input type="checkbox"/> Bussperson
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Line Cook	<input type="checkbox"/> Grill Cook	<input type="checkbox"/> Salad Prep	<input type="checkbox"/> Prep
<input type="checkbox"/> Baker	<input type="checkbox"/> Asst. Manager	<input type="checkbox"/> Manager	<input type="checkbox"/> Other (specify) _____	
Number of hours desired _____ Full-time or Part-time? _____ Can you work Overtime if needed? _____				
List any hours or days you are NOT available to work: _____				

EDUCATION

School Level	Name & Location of School	Major	# of Years Attended?	Did you Graduate?
High School / GED				
College				
Trade/Other School				

SKILLS/CREDENTIALS: Please list any other skills, licenses or certifications that are job-related

REFERENCES: (Only include individuals familiar with your work ability – do not include relatives)

Name	Contact Phone	Name of Business/Address	Years Known

EXPERIENCE (list last three employers beginning with your current or most recent employer)

Most Recent Employer:		Address:		Telephone Number:	
Position/Duties:				Hours per Week:	
Dates Employed:		Salary/Pay Rate		Supervisor's Name:	May we contact?
Start	End	Start	End		
Reasons for Leaving:					
Employer Name:		Address:		Telephone Number:	
Position/Duties:				Hours per Week:	
Dates Employed:		Salary/Pay Rate		Supervisor's Name:	May we contact?
Start	End	Start	End		
Reasons for Leaving:					
Employer Name:		Address:		Telephone Number:	
Position/Duties:				Hours per Week:	
Dates Employed:		Salary/Pay Rate		Supervisor's Name:	May we contact?
Start	End	Start	End		
Reasons for Leaving:					

AUTHORIZATION**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION**

I certify that the answers and information given on this application are true and complete to my knowledge. I authorize the company and/or its agents, including consumer reporting bureaus, to investigate all statements contained in this application, as may be necessary in arriving at an employment decision (including, but limited to, criminal history and motor vehicle driving records). I release the company and/or its agents from any liability which might arise from such an investigation.

I understand that this application is **NOT** a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in termination. I understand that an offer of employment, if tendered, does **NOT** constitute a contract for continued guaranteed employment. I understand that employees of Fadi's Mediterranean Grill serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. I also understand that the use of illegal drugs or alcohol on the job is prohibited during employment. In the event that I am employed, I agree to abide by all policies and procedures of this company. If employed, I understand that I will be required to furnish proof of eligibility to work in the United States.

Applicant Signature: _____

Date: _____

Please fax completed application to:

Fadi's Mediterranean Grill
 Attn: Human Resources
Fax: 713-481-0206

Or email completed application to:

jobs@fadiscuisine.com